

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: 5 STAR HOME INSPECTIONS, INC.
BUSINESS STREET ADDRESS: 13240 SW 32 CT ZIP 33330
BUSINESS MAILING ADDRESS: SAME ZIP SAME
BUSINESS PHONE: 954-433-1902
DESCRIBE TYPE OF BUSINESS: HOME INSPECTIONS.
BUSINESS IS: Corporation ☒ Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>WARREN CHEEKES</u>	<u>1530 NW 7th ST</u>	<u>Pen Pines 33028</u>	<u>954-704-2210</u>
2. <u>KIRK DUGGAN</u>	<u>13240 SW 32 CT</u>	<u>DAVIE, 33330</u>	<u>954-577-0698</u>
3. <u>CHERYL DUGGAN</u>	<u>SAME</u>	<u>SAME</u>	

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 01, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

CHERYL DUGGAN, TREASURER
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>8/23/01</u> Category <u>18400</u> Fee Exempt per Sec. 13-13 Fee <u>110.25</u> Rec# <u>30024</u> New <input checked="" type="checkbox"/> Trans _____	
License # _____	Control # _____ Zoning <u>R-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval _____ Date _____
Town Council Date _____	Approved _____ Denied _____
Tabled To _____	Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION